



# **North Carolina Department of Public Safety Division of Adult Correction - Prisons**

## **Doctoral Internship in Health Service Psychology**

Internship Year  
8/01/20 – 7/31/21

Match Code: 214211

## ***Introduction***

The North Carolina Department of Public Safety (NC DPS), Adult Correction - Prisons offers four doctoral psychology internship positions. The Doctoral Internship Program is a full-time, 12-month internship with training experiences across three unique settings within our agency (Central Prison, the North Carolina Correctional Institute for Women, and the Post-Release and Parole Commission). Our internship maintains membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC); our APPIC member number is #2142. We offer our internship positions through the APPIC Internship Matching Program operated by the National Matching Services, Inc. Our Internship Match Code is #214211.

## ***Brief Overview of the Department's Organizational Structure***

Our Doctoral Internship Program is a part of a much larger departmental structure. The complexity of the overarching structure can be confusing to new staff and interns alike. The Department of Public Safety is a cabinet level department within North Carolina's state government. The Secretary of NC DPS is appointed by the Governor. The department is comprised of multiple divisions that include Law Enforcement, Adult Correction, Juvenile Justice, Emergency Management, the National Guard, and Homeland Security. The Division of Adult Correction similarly has multiple sections within it focused on Prisons, Community Corrections, and other areas addressing specialized activities related to training, re-entry services, special operations, and intelligence services. The Division of Adult Correction – Prisons is the North Carolina Prison System. It is comprised of minimum, medium, and close custody prison facilities (currently 55 prisons) across the state of North Carolina, but does not include the county jails typically operated by the different county Sheriff offices.

The Doctoral Internship Program exists directly within the Behavioral Health Services section of the larger Health Services section of the prison system. Behavioral Health Services includes the clinical services provided by our licensed psychologists and LCSWs, the Alcoholism and Chemical Dependency Program, and the Social Work Services provided to incarcerated persons needing aftercare services during transition to the community at release.

Additional information about the department is available from the NC DPS website:  
<https://www.ncdps.gov/our-organization>

### ***Internship Model of Training***

The NC DPS Doctoral Internship in Health Service Psychology espouses a philosophy and model of training that places the intern into the role of a practitioner-scholar trained to develop experiential skills within a scholarly framework. The internship program strives to reinforce the dynamic interchange between practice and scholarship. The substantive area of professional psychology represented is that of applied psychology in the criminal-justice system. Correctional settings operate within a legal and political landscape in which psychology professionals are frequently called upon to account for their methods and procedures. Psychology staff must and do value the importance of remaining current in empirical and scientific knowledge relevant to this setting. Interns have already received extensive training during graduate school in the empirical and theoretical bases of applied psychological procedures. The internship builds upon the interns' bases as they learn to deliver psychological services that account for the individual, cultural, socioeconomic, and societal considerations of a target population of underserved clients with a broad range of mental health needs.

### ***Mission and Aims***

The main mission of the North Carolina Department of Public Safety (NC DPS) is to improve the quality of life for North Carolinians by reducing crime and enhancing public safety. North Carolina's general statutes direct the Division of Adult Correction to provide custodial care, educational opportunities and medical and psychological treatment services to all incarcerated persons while at the same time providing community-based supervision and needed social services to individuals on probation, parole or post-release supervision. The Health Services Section of Adult Correction upholds the mission and goals of the division by approaching correctional facilities as public health stations that significantly impact the health status of the larger community, managing the patient care of incarcerated persons so as to improve the health status of the person and the citizens of North Carolina assuring that the best value is obtained for the tax dollars spent, providing care consistent with community standards, focusing on the internal and external customers served by Adult Correction, and by hiring, retaining, and training competent healthcare professionals.

The NC DPS has intentionally focused on building training opportunities to enhance career pathways into the correctional profession. The doctoral internship program extends the training and service mission of the NC DPS by offering a training program that is informed by the profession-wide core competencies necessary to be a competent professional psychologist with a broad generalist foundation while also having the specialized skills and ability to effectively apply those competencies within a correctional environment. In so doing, the internship program recognizes that clinical practice within a correctional setting requires the same core clinical competencies as general

professional practice, but takes place within the complex legal, political, and social context of a prison. Thus, the goal of the program is to train entry-level professional psychologists who can also function competently in a correctional environment.

The fundamental goal of the internship program is to provide broad and general preparation (generalist training) for entry into the professional practice of psychology. The internship is the capstone experience to the intern's graduate training in the foundational knowledge, skills, and attitudes of the psychology profession. The program emphasizes the applicability of training to a wide variety of patient populations and settings.

### Aims of the Training Program

1. **Development of a Professional Identity:** The internship year serves as a transition from student to practitioner while becoming an entry-level professional colleague in psychology. The internship program recognizes that interns may initially experience some aspects of an imposter syndrome (or imposter phenomenon) as they grow their confidence while progressively demonstrating competencies throughout the training year. By emphasizing the development of attitudes and values consistent with entry into the profession, the program faculty and supervisors not only help develop the professional identities of the interns, but also build the foundation for the continued development of competency identified within the APA Code of Ethics.
2. **Integration of Science and Practice (Practitioner-Scholar):** Interns enter the internship year with an extensive foundation in the empirical and theoretical bases of applied psychological methods, but in the correctional setting, psychologists are often called to account for the methods and procedures they employ. In this context, training faculty, supervisors, and other clinical staff model the value of remaining current in best practices and the empirical literature within this setting. Interns also practice the integration of empirical, theoretical, and scientific knowledge during case discussions, individual/group supervision, formal case presentations, and on-going journal clubs.
3. **Working with Diverse and Under-served Populations:** The incarcerated population in the United States disproportionately affects disenfranchised groups. Federal data (Bureau of Prisons, 2019) demonstrates this pattern in a snapshot of the demography of federal incarceration rates: (a) 6.0% youth and young adult ages; (b) 19.5% immigrant status, and (c) 37.6% African American and 3.8% other minority. North Carolina's incarcerated population mirrors these patterns. Recent NC DPS data (2019) demonstrated (a) 16% youth and young adult; (b) 3.8% immigrant status, (c) 51.2% African American and (d) 7.6% other racial minority status. In total, the NC DPS population represents historically and currently marginalized populations. While many trainees may later choose to

practice in non-correctional settings, the program strives to develop an appreciation for the provision of service to patient populations that exhibit diversity in presenting complaints, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Given the extraordinary range of individual circumstances our population demonstrates, psychologists and interns in this setting provide services to groups that are traditionally under-served.

4. **Developing Knowledge and Skills in Correctional Psychology:** Building upon the recognition that many interns seek internships in settings that match their career interests, our internship also strives to develop a foundational knowledge base in the law, public policy, and social factors related to the practice of psychology in a correctional environment. The development of specific expertise as a correctional psychologist during the internship year can serve as a foundation for specialization in this unique practice area.

### ***Behavioral Health Services***

The NC DPS has the responsibility of delivering comprehensive behavioral health services which provide for the care and treatment of incarcerated people with mental disorders. Treatment programs contain multi-disciplinary services designed to prevent, control, reduce or eliminate those conditions which contribute to the person's mental impairment and enhance those aspects of the person that contribute to health and wellness. These services include, but are not limited to: (1) patient identification and diagnosis, (2) services for the acutely ill, (3) outpatient services, (4) residential services, (5) special programs for selected diagnostic categories, and (6) preventive services.

Behavioral Health Services are an integral part of the agency's mission to assist offenders in rejoining the broader social context as productive citizens. Correctional populations are traditionally an underserved population and frequently enter the prison system having received the least from other service systems. Significant medical and mental health comorbidities create a challenging prospect for rehabilitation while incarcerated as well as during re-entry to the community at release. Behavioral Health is well positioned to support offenders in navigating a stressful period of life (incarceration) and can provide critical diagnostic and treatment services ensuring the correct plan of care is in place for the offender's ultimate success.

Our internship provides broad and generalist training for entry into the professional practice of psychology. The internship is the capstone experience to the intern's graduate training in the foundational knowledge, skills, and attitudes of the psychology profession. Internship programs are a central part of our department's mission to train and retain competent staff who can provide effective services that significantly impact the health of the incarcerated population and conversely the broader community.

## ***Overview of the Training Program***

The internship program includes three training sites within 6 miles of each other within downtown Raleigh, NC that collectively offer a wide-range of generalist clinical experiences. The internship program is directed by the Internship Training Committee. The Committee, in turn, is led by the Internship Training Director. The Committee meets regularly to conduct reviews of the internship program, attend to administrative matters, and organize and plan the didactic experiences and clinical training activities available in the program.

### ***Internship Training Sites***

The internship training sites (Central Prison, NC Correctional Institute for Women, and the Post-Release Supervision and Parole Commission) provide a broad and representative crosssection of the prison population allowing intern training experiences and case assignments from a variety of individual and clinical presentations. The prison population presents 16% youth and young adult, 3.8% immigrant, 51.2% African American, and 7.6% other racial minority status. The prison population also demonstrates a growing number of incarcerated individuals who identify as transgender and are in various stages of gender-affirmation transition. Approximately 18% of the prison population requires on-going treatment for diagnosed mental disorders related to anxiety, depression, bipolar disorder, trauma, and psychosis. Other individuals in the prison system may experience subclinical levels of mental health symptoms related to environmental or life stressors and require brief interventions. Across the three training sites of the internship program, interns are exposed to a broad range of presenting concerns, individual/cultural characteristics, and level of service needs.

### ***Post-Release Supervision and Parole Commission***

The North Carolina Post-Release Supervision and Parole Commission (the Parole Commission) is an independent agency responsible for approving and establishing conditions for the release of incarcerated individuals. The Commission is comprised of four citizens appointed by the Governor; three must agree for an incarcerated individual to be offered release programs. The Commission may work with prison officials and the individual under consideration regarding the development of a Mutual Agreement for Parole Program (MAPP) to provide gradual access to the community for a structured transition out of incarceration. The Commission is supported by a team of parole analysts who compile information to the Commissioners and interact with incarcerated individuals and their agents. Psychological evaluations are completed upon referral to provide additional information regarding individual risk factors and psychological needs, with a goal of increasing the likelihood that those who are released are successful in their re-entry to the community at large.

The Parole Commission training site provides opportunities for the interns to experience

and participate in a unique aspect of the transition from incarceration to community supervision. Interns participate in psychological evaluations for the Parole Commission to assist in developing recommendations regarding appropriate release from incarceration. The interns will help develop recommendations for individuals in need of mental health treatment in the community under post-release supervision and have the opportunity to participate in evaluations to determine competency to participate in probation/parole revocation hearings, as needed.

Site Supervisor: Ronni Margolin, Ph.D.

### Central Prison

Central Prison is a male prison that offers outpatient psychological and psychiatric services within five distinct populations (Death Row, Restrictive Housing, Pre-Trial Detainees, Assessment/Diagnostic Center, and Regular Population). Attached to the prison is the Central Prison Healthcare Complex (CPHC). The CPHC is the main hub for the department to address both the acute mental health and intensive medical needs of the entire male correctional population of North Carolina.

CPHC is comprised of two separate facilities; the Regional Medical Center and the Inpatient Mental Health Facility. The Regional Medical Center includes Urgent Care, Dental, Physical Therapy, and Oncology sections and holds a capacity for 122 beds designed to meet the community standards across a broad range of medical needs for this population. The Inpatient Mental Health Center has a capacity of 212 beds and is designed to address the severe mental health needs of this population through acute inpatient, chronic residential, and Therapeutic Diversion Units (serving offenders with co-occurring mental illness and behavior management problems). Built around a treatment team model, the facility offers a wide range of psychopharmacology, rehabilitation groups, assessment, intensive individual therapy, and aftercare planning.

Site Supervisors: Marcia Brumbaugh, Ph.D.  
Lori Inman-Conrad, Ph.D.

### The North Carolina Correctional Institution for Women (NCCIW)

The North Carolina Correctional Institution for Women (NCCIW) is the state's primary correctional facility for women. NCCIW houses over 1,600 female offenders of all custody levels and control statuses including death row, close, medium, minimum, and safekeepers (pre-trial detainees). It houses the largest offender population in the state and serves as the support facility for the state's other female prisons. The campus-style facility sits on 30 acres of a 190-acre tract of state land in southeast Raleigh. Behavioral Health is located within NCCIW's Medical Complex, a 101,000 square foot, three-floor



facility which opened in 2012. The Medical Complex employs over 300 full-time staff that assist in providing ambulatory care, long-term care, and behavioral health care for the female offender population. The complex has 150 dedicated patient beds (39 inpatient medical, 70 behavioral/mental health, and 42 assisted living). Urgent care, disease clinics, dentistry, dietary, physical therapy, podiatry, optometry, and OBGYN are just a handful of the many health services available on-site. The Behavioral Health department at NCCIW provides a wide range of services from aftercare planning to acute inpatient services. On average, over half the female offender population is engaged in some type of mental health treatment. Outpatient services include crisis intervention, as well as individual and group psychotherapy. Self-esteem, art therapy, medication non-compliance, and stress management are a few of the outpatient groups offered. The Medical Complex houses a Residential program, as well as a Therapeutic Diversion Unit. The second floor of the Medical Complex houses the 24-bed Acute and Chronic mental health inpatient units for offenders in need of intensive mental health treatment and stabilization. In conjunction with NCCIW's Diagnostic Center, behavioral health providers also conduct mental health screenings, assessments and testing for new and returning offenders who may require Behavioral Health services.

Site Supervisor: Heidi Hawkins, Ph.D.

### Educational and Training Activities

The internship program is organized around training experiences within multiple clinical settings that each occur across the 12 month program. Each clinical setting is comprised of training experiences unique to the related training site that enhance the foundational training experiences (e.g., therapy, assessment, crisis intervention). Collectively, the sites offer a wide-range of generalist clinical experiences that form the foundation of a culturally-competent, ethical, and professional psychologist. Each intern is exposed to all clinical settings during the training year.

A typical intern week would involve two days at Central Prison, one day with the Parole Commission, one day at NCCIW, and one day focused on shared training activities with the other interns at the Randall Building (Central Office). Although the schedule of which day each intern would spend at each of the three training sites may vary across each intern, the following sample schedule may be useful in illustrating what a typical week looks like.

- Monday: Central Prison
- Tuesday: Central Prison
- Wednesday: Randall Building
- Thursday: NCCIW
- Friday: Parole Commission



Built into every clinical setting is the opportunity to engage with staff in other healthcare disciplines including psychiatry, nursing, social work, physical therapy, primary care, and dental. The following activities take place at the two prison sites: individual and group therapy in outpatient, inpatient, residential, and Therapeutic Diversion settings; crisis intervention and Suicide Risk Assessment; psychological evaluations for diagnostic clarification and treatment planning; and diagnosing with targeted treatment planning. Each site provides a unique training experience in terms of offender population characteristics and overall facility layout.

Built into the weekly schedule is a dedicated day to focus on common training activities like didactics (2 hrs/week), journal clubs (1 hr/week), group supervision (3 hrs/week), and state-wide Behavioral Health meetings (2 hrs/quarterly). The common training day (typically each Wednesday) occurs at the central office (the Randall Building) and is completely separate from the training sites. This protected day also ensures that the full training cohort engages in shared training experiences. Didactics and group supervision sessions are for interns only, but other staff participate in the journal club and state-wide Behavioral Health meetings.

Separate from the shared training day, interns also participate in staff meetings, individual supervision, shadowing, and other hands-on experiences at their clinical rotation sites. All together, each intern averages around 10-12 hours of scheduled non-service delivery training activities. Staff meeting examples include:

- Outpatient staff meetings (case presentations, case reviews, and discussion of pertinent information);
- Inpatient staff meetings (review of weekend inpatient admissions and rounds);
- Multidisciplinary meetings with Facility Administration (pertinent information from Facility Warden, discussion or identified significant cases at the facility);
- Facility Transgender Accommodation Committee (FTARC) meetings (as needed to discuss facility's accommodation of individual offender's gender transition support);
- Alcoholism and Chemical Dependency Program (ACDP, multidisciplinary meeting to review specialized substance abuse treatment issues and comorbid cases);
- Health Services meetings (led by Health Services CEO for facility, includes health service disciplines, review of pertinent information and critical cases);
- Continuous Quality Improvement (CQI) committee meetings (review key performance indicators related to CQI projects).

### Description of Clinical Settings

- Outpatient - Conducting initial assessments of offenders requiring or seeking services at any point during their incarceration. Individual therapy to assigned offenders and group therapy. Training exposure to outpatient services is offered at Central Prison (males) and the North Carolina Correctional Institute for Women in Raleigh, NC.

- **Diagnostics/Processing** - Diagnostic services involve a multi-disciplinary screening and assessment of individual offenders as they enter the prison system. Each offender typically spends 2 - 6 weeks in a processing center before being transferred to a more permanent facility or housing location. Behavioral health services in processing include what is considered outpatient services, but in a focused, time-limited process. For instance, in processing, the intern would screen and evaluate an offender for potential mental health treatment needs and if treatment is required, develop an outpatient treatment plan which would then be enacted by the primary therapist at the receiving facility when the offender transfers.
- **Residential Mental Health** – Residential services include a program of activities designed to assess, stabilize, treat, and transition seriously mentally ill offenders to their greatest level of independence. Participation on a multidisciplinary team within the defined program is required. Residential services are offered at Central Prison (males) and the North Carolina Correctional Institute for Women in Raleigh, NC.
- **Inpatient Mental Health** – Inpatient services are provided in the Raleigh area at Central Prison for males and the North Carolina Correctional Institution for Women. Crisis admissions, stabilization and transfer, and long term management of the most seriously disturbed offenders are provided at this level of care. Participation in treatment teams is a key element.
- **Therapeutic Diversion Units** - The purpose of Therapeutic Diversion is multifaceted, including goals of decreasing time spent in Restrictive Housing by seriously and persistently mentally ill offenders and selected offenders currently receiving behavioral health services; decreasing offender violent, self-injurious/suicidal, or otherwise disruptive behavior; providing evidence-based and multidisciplinary behavioral health-oriented therapeutic programming to offenders; and preparing offenders for successful transition from more to less restrictive environments within NCDPS prisons or to the community at large. Use of Therapeutic Diversion units is intended to decrease the population of mentally ill offenders in restrictive housing settings as well as decrease the rate of releasing such offenders directly from incarceration to the community at large. These goals are accomplished through combinations of structured evidence-based group and individual therapeutic interventions, unit-based leisure and recreation activities, psychiatric medication management, structured behavior-oriented incentive opportunities, systematic introduction of privileges and controlled socialization opportunities, ancillary programming, and multidisciplinary staff involvement.
- **Post-Release Supervision Evaluations** -The North Carolina Post-Release Supervision and Parole Commission is an independent agency responsible for

approving and establishing conditions for the release of incarcerated individuals. Psychological evaluations are completed upon referral to provide additional information regarding individual risk factors and psychological needs, with a goal of increasing the likelihood that those who are released are successful in their re-entry to the community at large.

### ***Supervision***

All doctoral psychology interns receive a minimum of 5 hours of weekly supervision from licensed doctoral psychologists. Each intern receives supervision from at least 4 different supervisors during the internship training year. Individual supervision is provided at a minimum of two hours per week and a total of three hours of weekly group supervision is provided for a total of four hours per week.

Following the intern's orientation to supervision, each supervisor will review the Intern Supervision Consent form with their intern; each will sign and date the form once any questions and/or concerns are resolved. The supervisor will keep a copy, give a copy to the intern, and send a copy to the Internship Training Director.

Supervisors are ethically and legally responsible for the work and professional conduct of their intern-supervisees. Supervisors uphold and model standards and practices consistent with the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association as well as other applicable standards (e.g., from the North Carolina Psychology Practice Act; Title 21, Chapter 54 of the North Carolina Administrative Code (21 NCAC 54)) as they apply to psychologists and interns. In addition, they and their intern supervisees will abide by the NC DPS's applicable policies and directives. The intern supervisor will provide supervision within the framework of these recognized professional and ethical licensing standards and guidelines for psychologists, as well as the policies of the NC DPS. These standards include, but are not exclusive to, due process, informed consent, documentation, avoiding dual relationships, harassment, sexual exploitation or abuse, competence, consultation, confidentiality, duty to warn, and program and intern evaluation.

The intern supervisors are North Carolina-licensed, doctoral-level psychologists in good standing and in compliance with current licensing standards. Supervisors are qualified to provide the supervisory oversight in the specific areas in which they provide supervision. If an intern has a training need outside the individual supervisor's areas of competence, other arrangements must be made with additional qualified on-site psychology staff. Training records are maintained by both the supervisor and the Training Director.

Primary group supervision is provided by the Internship Training Director once a week for two hours, which serves several functions. It provides weekly contact with the Training Director who can address general administrative concerns and keep a finger

on the pulse of what is happening with interns and the internship process. It provides a meeting forum where interns can exchange views and experiences and build their peer relationships. It also serves as a group experience that can foster individual growth and development. An additional hour of group supervision per week is provided by the parole Commission Psychologist and focuses on the Post-Release Supervision Evaluations being completed by the interns.

### ***Intern and Program Evaluation Procedures***

Within the Department of Public Safety, interns are acculturated into the roles of professional psychologists who work in a public sector, correctional setting. Completion of the internship requires 2000 hours of supervised experience (see “*Work Hours and Leave*” section of the Internship Handbook) and a final rating of “4” (Proficient Competence) for each competency domain, with no competency element rated less than a 3.

Interns' readiness for entry-level practice is evaluated quarterly across each competency using the Supervisor's Evaluation of Intern form. The evaluation form includes a 5-point rating scale for each competency with behaviorally-anchored benchmarks. Interns are given timely and written notification of any problems that occur as well as opportunities to discuss problems with the Site Supervisor and the Training Director.

Interns are evaluated across each competency area using the rating scale below:

- **5 = Advanced Competence:** Exceeds expectations for interns. Functioning at an autonomous level of skill and competence expected beyond the conclusion of internship training. Rare rating for internship.
- **4 = Proficient Competence:** Meets training program's expectations for entry-level practice. Expected level of competence for intern at completion of training program.
- **3 = Intermediate Competence:** Meets training program's expectations for interns at mid-point of training. Routine or minimal supervision required on most cases.
- **2 = Beginning/Developing Competence:** Meeting training program's *early-intern-level* expectations (up to 1<sup>st</sup> quarterly evaluation). Will require additional training, supervision, and further practice to meet expectations. Close supervision required on most cases.

- **1= Remedial:** Performance is significantly below training program's *early-intern-level* expectations. Significant skill development required. Remediation necessary.

The individual Site Supervisors complete quarterly evaluations of interns under their supervision. In some cases, interns typically have more than one supervisor during a given quarter and will therefore have more than one evaluation per quarter. Successful interns demonstrate critical-thinking, respect for cultural diversity, and good therapeutic boundaries. Formal evaluations are conducted at mid-year and at the end of the internship year with copies given to the intern and to their university's training director. Any evaluation requirements requested by the intern's school will be addressed. Supervision is designed to assist in the development of the skills and personal maturity necessary for entry-level practice.

The Internship Training Director is responsible for creating the formal, written mid-year and final intern evaluations. The mid-year and final evaluations are completed in collaboration with the Site Supervisor(s) and are based on a numeric average of the related quarterly evaluations (2<sup>nd</sup> quarter for mid and 4<sup>th</sup> quarter for final) completed by the Site Supervisor(s). The formal, written mid-year and final intern evaluations are reviewed with the intern and a copy is submitted to the intern's graduate training program within one month of the mid-point or last day of the internship.

The minimum level of achievement (MLA) increases during the training year in conjunction with the training program's expectations of the intern's competency development. An intern at the beginning of the internship may be appropriately meeting the expectations with a competency rating of 2 but would not be meeting the expectations with that same rating at the mid-year or later evaluations.

Successful completion of the internship program requires that the intern obtain an average score of 4 or better by the final evaluation for each competency rating, from each supervisor, with no competency element rated less than a 3.

Each intern completes evaluations of individual supervisors, the internship program, and each individual didactic training. Interns are encouraged to be candid with their input regarding areas where supervisors might need to enhance their skills or adjust their supervision style. The evaluations of supervisors are returned to the Training Director and this information is taken into account in evaluating the functioning of the Internship program. Significant concerns about supervision within a specific program area or with a specific supervisor would be addressed to the relevant staff on an individual basis by the Training Director.

In addition to completed the scheduled evaluations of the program and supervision, the intern is also encouraged to discuss any issues and concerns with the individual Site Supervisor or the Training Director as they emerge. An attempt will be made to

negotiate and work out differences and conflicts so that the intern can focus on learning and developing proficiency as a professional psychologist. As described in the Due Process and Grievance Procedure policy, the intern also has a formal grievance process available.

The intern's evaluation of didactic trainings occur after each didactic. The information gathered from these ratings are used in planning for future didactic offerings. Evaluation of the overall training program occurs at the midpoint and end of the training year. Feedback includes all aspects of the training program such as the general work environment, supervision and didactic activities, training program coordination and leadership, etc. At the end of the training year, interns also engage in a group feedback session with the Training Director, providing an additional opportunity for them to share their thoughts for improving the program.

### ***Training Resources***

NC DPS has a wide range of training resources available to meet the needs of interns. We have a wealth of printed educational information and video tapes pertinent to issues common to the various populations that are treated. Interns have access to computer facilities for scoring psychological tests and report writing. Time off for relevant training may be granted by the intern's Site Supervisor. Clerical staff assist with scheduling and also provide other support functions. Interns have office and computer access with e-mail and internet services.

### ***Internship Eligibility, Stipend, and Benefits***

Applications are accepted from students in regionally or nationally accredited doctoral programs in clinical or counseling psychology. A minimum of 1,000 practicum hours are expected to have been completed prior to the ranking deadline. All formal doctoral coursework, comprehensive exams, practicum training requirements, and dissertation proposal should be completed prior to beginning the internship. A completed and acceptable criminal background check is required (completed by our internal departmental security services at no expense to the intern candidate) prior to the ranking deadline.

Required minimum criteria used to screen applicants:

- Three years or more of pre-internship training in a regionally or nationally accredited doctoral program in psychology.
- Completion of at least 1,000 practicum hours
- Advancement to candidacy for doctoral degree (i.e., completion of comprehensive exams, completion of all doctoral program course requirements).



### Stipend and Benefits

- \$38,000 annual stipend, paid biweekly
- Health insurance available through the state at a reduced cost
- 18 days Personal Leave (Sick and Vacation)
- 12 State Holidays (per official state schedule)

### Contractual Temporary Employees

Interns with the North Carolina Department of Public Safety, Adult Correction - Prisons, Behavioral Health Services are contractual employees with the state of North Carolina. Each intern is under a contract with the North Carolina Office of State Human Resources Temporary Solutions section. Temporary Solutions manages the pay and official employment functions as it relates to the intern's placement in our internship program. Each of these contracts is generated in accordance with the expectation of a full-time, 12-month internship training schedule. Interns meet with a representative of Temporary Solutions on the first day of internship and are assisted through the process of completing relevant forms (e.g. I-9, Direct Deposit, etc).

The pay schedule for interns is biweekly and is set by Temporary Solutions. The most current information can be found on their website: <https://oshr.nc.gov/work-for-nc/temporary-solutions>. Interns must submit timesheets in order to receive pay. Timesheets submitted "late" will result in a delay in the biweekly payroll process but will not result in a reduction in pay (please consult the pay schedule on the Temporary Solutions website for timeframes).

### Health Insurance

Interns are not eligible for the same benefits as fulltime state employees. They do not accrue years-of-experience toward state retirement, are not eligible for retirement accounts or the state pension plan, and are not provided the same Health Insurance coverage as state employees.

A specific Health Insurance plan is made available to all temporary employees of the state at a reduced cost. Current information regarding Health Insurance can be obtained through Temporary Solutions: <https://oshr.nc.gov/work-for-nc/temporary-solutions/temporary-solutions-forms-and-guides>

### Work Hours and Leave

Each intern is expected to complete a fulltime 12-month internship experience corresponding to an approximate 2,000 hour training year. This means that the expected schedule for each intern includes a 40-hour work week for 52 consecutive weeks. Our internship program does not allow interns to work on-site during state



holidays as the immediate availability of supervisors is limited on those days. The state typically has 12 holidays per year. The holiday schedule can be reviewed at: <https://oshr.nc.gov/state-employee-resources/benefits/leave/holidays>

Interns are also allowed up to 18 days of leave (personal, vacation, sick) during the internship year for a total allotment of 240 hours of leave/holidays (12 holidays and 18 days leave). Interns seeking to use leave should request time off in advance by emailing the site-supervisor responsible for the impacted training site/clinical setting and copying the Training Director (as well as any other impacted staff or ancillary supervisor). Interns experiencing unanticipated illnesses should send notifications as soon as possible, but always prior to the start of the work day.

Interns requiring extended leaves of absence due to maternity/paternity needs or extended illnesses should consult with the Training Director and the Site Supervisor; certain situations may require an extension of the training year to accommodate the absence. Depending on the pay structure in place at the time, standard bulk pay similar to a stipend versus an hourly rate, the intern may go into an unpaid status during the period of extended leave or be in an unpaid status while extending the internship year (in the event of a standard bulk pay similar to a stipend; annual stipend divided by 26 biweekly paychecks).

## INTERNSHIP PROGRAM TABLES

**Date Program Tables are updated: last updated 8/30/2019**

### Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Applications will be accepted from students in a regionally or nationally accredited doctoral program in clinical or counseling psychology. A minimum of 1,000 practicum hours are expected to have been completed prior to the ranking deadline. All formal doctoral coursework, comprehensive exams, practicum training requirements, and dissertation proposal should be completed prior to beginning the internship. A completed and acceptable criminal background check is required (completed by our internal departmental security services at no expense to the intern candidate) prior to the ranking deadline.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	<input checked="" type="radio"/> Y		Amount	400
Total Direct Contact Assessment Hours	N	<input checked="" type="radio"/> Y		Amount	100

Describe any other required minimum criteria used to screen applicants:

1. Three years or more of pre-internship training in a regionally or nationally accredited doctoral program in psychology.
2. Completion of at least 1,000 practicum hours
3. Advancement to candidacy for doctoral degree (i.e., completion of Comprehensive exams, completion of all doctoral program course requirements).

### Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns \$38,000

Annual Stipend/Salary for Half-time Interns N/A

Program provides access to medical insurance for intern? ☒ Yes    No

If access to medical insurance is provided  
Trainee contribution to cost required? ☒ Yes    No

Coverage of family member(s) available? ☒ Yes    No

Coverage of legally married partner available? Yes    No

Coverage of domestic partner available? Yes    ☒ No

Hours of Annual Paid Personal Time Off (PTO and/or Vacation) 12 hrs per month (total of 18 per year)

Hours of Annual Paid Sick Leave Included within PTO described above

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?

☒ Yes ☐ No

Other Benefits: 12 state holidays per year; additional consideration for off-site training release time per administrative approval

\* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship Positions (Provide an Aggregated Tally for the Preceding 3 Cohorts)		
		2016-2019
Total # of interns who were in the 3 cohorts		11
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		3
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		6
School district/system		
Independent practice setting		2
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

\*\*For more information, e-mail the Internship Training Director, Lewis J. Peiper, Ph.D., at [Lewis.Peiper@ncdps.gov](mailto:Lewis.Peiper@ncdps.gov)